

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90218 031 ***558.75

DOCUMENT # P99000009021

1. Entity Name

TUTTO MATTO PIZZA, INC.

Principal Place of Business
 21301 S. TAMiami TRAIL STE. #400
 ESTERO, FL 33928

Mailing Address
 c/o MARIO E. JUAREZ, CPA
 17942 OAKMONT RIDGE CIR
 FORT MYERS, FL 33912

A0075470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, OLMES
 21301 S. TAMiami TRAIL STE. #400
 ESTERO, FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!
 MAY 1, 2001 Fee will be \$500
 Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Olmes Jaramillo 21523 Belhaven Way Estero, FL 33928	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Narcisa Jaramillo 21523 Belhaven Way Estero, FL 33928	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Daniel Jaramillo 21523 Belhaven Way Estero, FL 33928	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elsayed, Elsherbeny 21301 S. Tamiami Tr. #400 Estero, FL 33928	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Olmes Jaramillo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/01

941-949-1401

Date

Daytime Phone #

CR2E034 (11/00)